

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016852

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 46

STATE FILE NUMBER

FILED APR 17 1963

1. PLACE OF DEATH

a. COUNTY

Mississippi

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CharlestonLength of stay in 1b
20 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 511 Cleveland St.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Mississippi

c. CITY OR TOWN Charleston

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
511 Cleveland St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Charles

Middle

Edward

Last

McCormick

4. DATE OF DEATH

Month

Day

Year

3/30/63

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/24/1874

9. AGE (last birthday)

88

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farming11. BIRTHPLACE (City and state or country)
Princeton, Ky.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George McCormick

13b. MOTHER'S MAIDEN NAME

Fronie McCormick

14. NAME OF HUSBAND OR WIFE

Donie McCormick (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates.)
No

16. SOCIAL SECURITY NO.

28

17. INFORMANT

Address

Vallie Abernathy, Charleston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ac. Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chr. Nephritis - C of Lung

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/27/60 to 3/30/63 and last saw him alive on 3/30/63
Death occurred at 5:45 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Charles Salving M.D.

22b. ADDRESS

Charleston Mo

22c. DATE SIGNED

4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

4/2/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Sikeston, Mo.

24. FUNERAL DIRECTOR

The Gunnelee Funeral Chapel
Charleston, Mo.

25. DATE RECD. BY LOCAL REG.

4-2-63

26. REGISTRAR'S SIGNATURE

Dorothy B. Hawthorn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10675

20675

3

4 0

5 2

6

7 1

8 0

9443XH

10

11

12 90-0

13 1-0

Permit issued

4-2-63

SH

APR 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John T. Munnick Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.